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|---|---|-----------|---|-------------------------------------|---------|-------------------------------------|----------|
| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215520709 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ABT ASSOCIATES INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2015</p> <p>SCC ID NO: F0281313</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>970,842</td> </tr> </table> </div> </div> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> | | | CLASS | AUTHORIZED | COMMON | 970,842 | |
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| COMMON | 970,842 | | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 55 WHEELER ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CAMBRIDGE, MA 02138</p> | | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KATHLEEN L FLANAGAN TITLE: PRES/CEO ADDRESS: 55 WHEELER ST CITY/ST/ZIP/CO: CAMBRIDGE, MA 02138 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: KATHLEEN L FLANAGAN TITLE: PRES/CEO ADDRESS: 55 WHEELER ST CITY/ST/ZIP/CO: CAMBRIDGE, MA 02138 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| NAME: DAVID ELLWOOD TITLE: DIRECTOR ADDRESS: 55 WHEELER STREET CITY/ST/ZIP/CO: CAMBRIDGE, MA 02138 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR | | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | WENDELL J KNOX DIRECTOR 55 WHEELER ST CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STANLEY LUKOWSKI DIRECTOR 55 WHEELER STREET CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOSEPH NEWHOUSE DIRECTOR 55 WHEELER STREET CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN O DIRECTOR 55 WHEELER STREET CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | GARY PERLIN DIRECTOR 55 WHEELER STREET CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STEVEN SINDING DIRECTOR 55 WHEELER STREET CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ANNNE-MARIE SLAUGHTER DIRECTOR 55 WHEELER STREET CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ALLISON TAUNTON-RIGBY DIRECTOR 55 WHEELER STREET CAMBRIDGE, MA 02138 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ KEVIN O'REILLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | | KEVIN O'REILLY, VP/CORP CONT PRINTED NAME AND CORPORATE TITLE | |
| | | 5/27/2015 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |